

# DRIVER'S APPLICATION FOR EMPLOYMENT

GAF-ERIC  
Start  
3/20/00

Company TRANSPORTATION UNLIMITED INC.  
Address 3740 CARNEGIE AVE.  
City CLEVELAND State OH Zip 44115

(answer all questions - please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of application 3-10-00

Position(s) Applied for Driver  
Name Knight David Haskell Social Security No. [REDACTED] 499  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address 11682 Rt 97 49 Waterford  
Street City 455-4121 (Parents)  
PA 16441 Phone (814) 796-4625 How Long? 14 years  
State Zip Code  
Previous Addresses  
Street City State & Zip Code How Long?  
Street City State & Zip Code How Long?  
Street City State & Zip Code How Long?

Do you have the legal right to work in the United States? Yes

Date of Birth [REDACTED] / [REDACTED] / 63 Can you provide proof of age? Yes  
(Required for Commercial Drivers)

Have you worked for this company before? NO Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? Yes If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? Murphy Rate of pay expected \$11.40 per hr

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

NO

If yes, explain if you wish. \_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER		DATE	
NAME	Dunlap Trucking	FROM MO. 6 YR. 99	TO MO. Present YR.
ADDRESS	2139 McKenney Ave	POSITION HELD Driver	
CITY	Eric	STATE	PA ZIP 16441 503
CONTACT PERSON	Robert Dunlap	PHONE NUMBER	800 320 1989
		REASON FOR LEAVING Lack of Benefits	

EMPLOYER		DATE	
NAME	Infinity Resources	FROM MO. 9 YR. 98	TO MO. 6 YR. 99
ADDRESS	119 West 9th St	POSITION HELD Machinist / Tow motor operator	
CITY	Eric	STATE	PA ZIP 16501
CONTACT PERSON	Marty	PHONE NUMBER	(814) 454 0985
		REASON FOR LEAVING Better Job	

EMPLOYER		DATE	
NAME	Albion State Prison	FROM MO. 2 YR. 95	TO MO. 3 YR. 97
ADDRESS	Rt 19	POSITION HELD Correctional Officer	
CITY	Albion	STATE	PA ZIP
CONTACT PERSON	Capt Nieswonger (or Personel)	PHONE NUMBER	(814) 756 5778
		REASON FOR LEAVING Suspended	

EMPLOYER		DATE	
NAME	Eric County Prison	FROM MO. 8 YR. 86	TO MO. 2 YR. 95
ADDRESS	Ash St	POSITION HELD Correctional Officer	
CITY	Eric	STATE	PA ZIP 16503
CONTACT PERSON	Capt Hill	PHONE NUMBER	(814) 451 7546
		REASON FOR LEAVING Hired at Albion	

EMPLOYER		DATE	
NAME	U.S. Marshal's Office	FROM MO. 6 YR. 92	TO MO. 2 YR. 95
ADDRESS	219 US Courthouse	POSITION HELD Marshal's Guard	
CITY	Eric	STATE	PA ZIP 16503
CONTACT PERSON	Marshal Barton	PHONE NUMBER	(814) 466 3907
		REASON FOR LEAVING Hired at Albion	

EMPLOYER		DATE	
NAME	USMC	FROM MO. 3 YR. 92	TO MO. 8 YR. 95
ADDRESS	3938 Old French Rd	POSITION HELD Sergeant / Shop Chief	
CITY	Eric	STATE	PA ZIP 16504
CONTACT PERSON	Master Sergeant Witt	PHONE NUMBER	(814) 868 6847
		REASON FOR LEAVING Honorable Discharge	

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY		STATE	ZIP
CONTACT PERSON		PHONE NUMBER	
		REASON FOR LEAVING	

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____	None		
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY
	None		

(ATTACH SHEET IF MORE SPACE IS NEEDED)

## EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_

(NAME)

(CITY)

## EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
	PA	██████████ 280	AM-TX CDL	1-31-02

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

YES \_\_\_\_\_ NO ☒

B. Has any license, permit or privilege ever been suspended or revoked?

YES \_\_\_\_\_ NO ☒

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____	VAN, TANK, FB	82	Present	250,000
TRACTOR AND SEMI-TRAILER _____	VAN, FB	89	Present	200,000
TRACTOR - TWO TRAILERS _____				
MOTORCOACH - SCHOOL BUS _____	motorhome	92	Present	30,000
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS

Saudi Arabia, Kuwait, PA, MI, OH, WIS, IND, CA  
MN, N.Y., Canada

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

Transport Tech / Marine Corp Driving School

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

Basic Safe USMC

**EXPERIENCE AND QUALIFICATIONS - OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

I am a Certified Mechanic / I graduated #1 from Transport Tech with a  
98% Average

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

Tow motor

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

3-10-00

Date

David N. Knight  
 Applicant's Signature

**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE  
 OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

**TRANSFERS**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DATE: \_\_\_\_\_

REASON FOR TRANSFER \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DATE: \_\_\_\_\_

REASON FOR TRANSFER \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DATE: \_\_\_\_\_

REASON FOR TRANSFER \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DATE: \_\_\_\_\_

REASON FOR TRANSFER \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

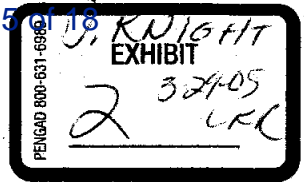
DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_



Specialists in Driver Leasing

DRUG TESTING PROGRAM AND POLICY AND CONDITION OF EMPLOYMENT

In accordance with Final Rule published 11/21/88 53 FR 47134 and Controlled Substance eTesting Eff. 12/21/88 49 CFR part 391 & 394

PREAMBLE

Transportation Unlimited promotes the U.S. Government's war on drugs and will comply with all federal laws to comply with a drug free work place for all employees. This simply means that Transportation Unlimited will not tolerate the possession, distribution, manufacture, use in workplace, nor drug or alcohol influence as determined by law through the testing procedures prescribed by the D.O.T. and will terminate any employee who is in violation. Transportation Unlimited will also require that any employee who is charged, arrested, convicted or nolo contendere for any drug related charge notify the safety director within 5 days. Failure to comply with this condition will result in immediate termination.

Any employee who refuses to sign the consent form to be tested for the D.O.T. requirements will be considered a refusal to test and will be considered a voluntary quit as that employee will not be qualified to drive per the D.O.T. regulations. Refusal to take the mandated drug test (s) will also result in immediate termination. Any delay from time of random request to appearance at collection site will be documented and if not performed in a 2 hour time span will be subject to discharge. Any delay from time of a chargeable accident to time of appearance at collection site beyond the mandated 32 hours will also be subject to discharge upon review of circumstances.

Transportation Unlimited has and will continue to provide an Employee Assistance Program which is documented education on the effects and consequences of controlled substance abuse.

CONDITIONS OF EMPLOYMENT ACKNOWLEDGEMENT

I have read and understood the conditions of employment contained in Transportation Unlimited's D.O.T. Motor Carrier Drug Testing Compliance Program.

Donald M. Knight  
Employee

3-10-00  
Date

## DRIVER'S RECEIPT

This issue of the FMCSR Pocketbook includes all revisions issued on or before November 10, 1997.

I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (ORS-7A). In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U.S. Department of Transportation, Parts 40, 382, 383, 390-397, 399 Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations, as contained therein.

David H. Knight  
DRIVER'S SIGNATURE

3-10-00  
DATE

Transport Unlimited Inc  
COMPANY

\_\_\_\_\_  
COMPANY SUPERVISOR'S SIGNATURE

12/97

NOTE: This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place it in the driver's qualification file.

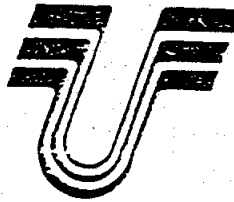
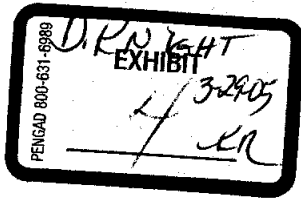
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EXHIBIT

3

PENGAD 800-631-6969





Specialists in Driver Leasing

**I. NOTICE TO DRIVERS**

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials.

The following provisions of this legislation become effective July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license. A limited exception is made for drivers who are subject to non resident licensing requirements of any state. This exception does not apply after December 31, 1989.
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier AND the state which issued the license to that driver of such conviction within 30 days.
3. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years. In addition to any other required information about the applicant's employment history.
4. Any violation is punishable by a fine not to exceed \$2,500. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle, must advise the motor carrier the next business day after receiving notification of such action.

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**TO BE RETAINED BY MOTOR CARRIER****II. CERTIFICATION BY DRIVER**

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986 which become effective on July 1, 1987.

Driver's Name (print) David H. Knight Soc. Sec. # [REDACTED] 499

Driver's Address 11682 Rt 97 Lot 9 Waterloo, Pa 16441

License: State PA Type/Class AM ID No [REDACTED] 280

I further certify that the above commercial vehicle license is the only one held \_\_\_\_\_: or that I have surrendered the following licenses to the state indicated.

State \_\_\_\_\_ Type/Class \_\_\_\_\_ ID No. \_\_\_\_\_

State \_\_\_\_\_ Type/Class \_\_\_\_\_ ID No. \_\_\_\_\_

Driver's Signature X David H. Knight

# REQUEST FOR INFORMATION From Previous Employer

DRIVE HT  
EXHIBIT  
5 324-05  
LKE

I hereby authorize you to release the following information to

TRANSPORTATION UNLIMITED for the purposes of investigation  
(Prospective Employer)

as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date 4-3-2000

Applicant's Signature

X David H. Knight

MAIL TO:

DUNLAP TRUCKING

2139 MCKENNELLY AVE

ERIE PA

16503

Dear Sir/Madam:

The below named individual has made application to this company for a position as Semi-DRIVER and states that he/she was employed by you as SEMI-DRIVER from JUNE 1999 to MARCH 2000

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Sincerely,

M. Parnella

**TRANSPORTATION UNLIMITED**  
3740 Carnegie Avenue  
Cleveland, Ohio 44115

Name of Applicant: DAVID H KNIGHT Social Security No.: ██████-4199

- Employed from 6/99 to 3/00 as Driver at wage or salary of \_\_\_\_\_.
- Did he/she drive motor vehicle for you? \_\_\_\_\_, Straight Truck? X, Tractor-Semitrailer? \_\_\_\_\_, Bus? \_\_\_\_\_, Other (Specify) \_\_\_\_\_.
- Was he/she a safe and efficient driver? OK
- Reason for leaving your employ: Discharged \_\_\_\_\_; Resignation X; Lay Off \_\_\_\_\_; Military Duty \_\_\_\_\_.
- Was his/her general conduct satisfactory? OK
- Please advise history of past driving record if available for past three years \_\_\_\_\_

(Over)



**CONFIDENTIAL REPORT OF PERSONAL REFERENCE**

Please indicate your opinion by placing a check (✓) in the appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability to get along with others		X		
Initiative, Resourcefulness		X		
Safety Habits			X	
Driving Skill			X	
Attitude		X		
Loyalty				

Any other remarks \_\_\_\_\_

SIGNATURE

TITLE

DATE

*Handwritten Signature*  
*mgr*  
*4/10/00*

**FOR PROSPECTIVE EMPLOYER'S RECORD**  
**MAINTAIN THIS INFORMATION IN THE DRIVER QUALIFICATION FILE FOR**  
**3 YEARS AFTER THE PERSON'S EMPLOYMENT BY THE MOTOR CARRIER CEASES.**

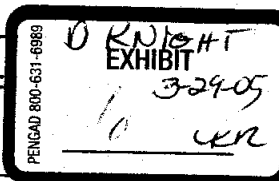
**SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name)

DAVID H KNIGHT

First, M.I., Last

hereby authorize that



Social Security Number

4199

Previous Employer:

DUNLAP TRUCKING

Street:

2139 Mc Kenelly AveTelephone: 800-320 1989

City, State, Zip:

ERIE PA 16503

Fax No.:

may release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

Prospective Employer:

TRANSPORTATION UNLIMITED

Attention:

M. Panzarella

Street:

3740 Carnegie AveTelephone: 800-541-8154

City, State, Zip:

CLEVELAND OHIO 44115Fax No.: 216-426 2248

X David H Knight

Applicant Signature

3-20-2000

Date

This is in compliance with §382.405(f) and (h), which state:

(f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the driver's request.

(h) An employer shall release information regarding a driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

§382.413(a)(b)(d)(e)(f)(h) further state:

§382.413 Inquiries for alcohol and controlled substances information from previous employers.

(a)(1) An employer shall, pursuant to the driver's written authorization, inquire about the following information on a driver from the driver's previous employers, during the preceding two years from the date of application, which are maintained by the driver's previous employers under §382.401(b)(1) (i) through (iii) of this subpart:

- (i) Alcohol tests with a result of 0.04 alcohol concentration or greater;
- (ii) Verified positive controlled substances test results; and
- (iii) Refusals to be tested.

(2) The information obtained from a previous employer may contain any alcohol and drug information the previous employer obtained from other previous employers under paragraph (a)(1) of this section.

(b) If feasible, the information in paragraph (a) of this section must be obtained and reviewed by the employer prior to the first time a driver performs safety-sensitive functions for the employer. If not feasible, the information must be obtained and reviewed as soon as possible, but no later than 14-calendar days after the first time a driver performs safety-sensitive functions for the employer. An employer may not permit a driver to perform safety-sensitive functions after 14 days without having made a good faith effort to obtain the information as soon as possible. If a driver hired or used by the employer ceases performing safety-sensitive functions for the employer before expiration of the 14-day period or before the employer has obtained the information in paragraph (a) of this section, the employer must still make a good faith effort to obtain the information.

(d) The prospective employer must provide to each of the driver's previous employers the driver's specific, written authorization for release of the information in paragraph (a) of this section.

(e) The release of any information under this section may take the form of personal interviews, telephone interviews, letters, or any other method of transmitting information that ensures confidentiality.

(f) The information in paragraph (a) of this section may be provided directly to the prospective employer by the driver, provided the employer assures itself that the information is true and accurate.

(h) Employers need not obtain information under paragraph (a) of this section generated by previous employers prior to the starting dates in §382.115 of this part.

**SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER**

If driver was not subject to Part 382 testing requirements while employed by this employer, please check here ☐, sign below, and return.

Under Part 382 testing requirements:

1. Has this person ever tested positive for a controlled substance in the last two years?\*
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last two years?\*
3. Has this person ever refused a required test for drugs or alcohol in the last two years?\*

\* Please include information received from other previous employers.

YES NO

☐☒☐☒☐☒

If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number for further reference.

Name:

Street:

City, State, Zip:

Telephone:

Section 2 Completed by (Signature):

Date:

**SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one) ☐ Faxed to previous employer. ☒ Mailed.

Date: 4-3-2000

Complete below when information is obtained.

Information received from:

Recorded by:

Method: ☐ Fax ☐ Mail ☐ Phone

Date:

☐ Personal Interview

Case 1:03-cv-00410-SJM Document 18-1 Filed 03/11/18 Page 11 of 18  
I AUTHORIZE TRANSPORTATION UNLIMITED INC. (THE "COMPANY") AND ITS REPRESENTATIVE TO INVESTIGATE THE RESPONSES CONTAINED IN THIS APPLICATION AND SPECIFICALLY, TO OBTAIN INFORMATION CONCERNING MY MOTOR VEHICLE OPERATION RECORD, CRIMINAL CONVICTIONS, EMPLOYMENT HISTORY, EDUCATIONAL HISTORY, AND EXCEPT AS MAY BE LIMITED BY APPLICABLE LAW, OTHER MATTERS REASONABLY RELATED TO MY EMPLOYMENT CANDIDACY. I UNDERSTAND THAT ANY FALSE INFORMATION I GIVE MAY RESULT IN TERMINATION OF MY EMPLOYMENT CANDIDACY OR IF HIRED, TERMINATION OF MY EMPLOYMENT.

IF AN EMPLOYEE RELATIONSHIP IS ESTABLISHED, I UNDERSTAND THAT SUCH EMPLOYMENT IS TERMINABLE FOR CAUSE, BY EITHER MYSELF, OR THE COMPANY AT ANY TIME, FOR ANY REASON. IN ADDITION, I UNDERSTAND THAT WITH THE EXCEPTION OF THE PRESIDENT OR VICE PRESIDENT OF TRANSPORTATION UNLIMITED INC., NO COMPANY REPRESENTATIVE HAS THE AUTHORITY TO MAKE ORAL OR WRITTEN AGREEMENTS WHICH ARE CONTRARY TO THE FOREGOING.

I ALSO UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS CONTINGENT UPON SUCCESSFUL COMPLETION OF A DRUG SCREENING TEST, A PHYSICAL EXAMINATION AND THE BACKGROUND CHECKS REFERRED TO ABOVE. IF I AM HIRED OR AN OFFER OF EMPLOYMENT IS MADE (A) I VOLUNTARILY CONSENT TO UNDERGO SUCH PHYSICAL EXAMINATIONS AND DRUG OR ALCOHOL TESTING AS MAY BE REQUIRED BY THE COMPANY IN CONNECTION WITH MY APPLICATION AND FROM TIME TO TIME IN COMPLYING WITH COMPANY POLICIES. AND (B) I AGREE TO SURRENDER ANY SUPPLEMENTAL CONSENT FORMS WHICH MAY BE REQUIRED BY THE COMPANY, ANY ENTITY PROVIDING EMPLOYEE HEALTH OR WELFARE BENEFITS, OR ANY TESTING FACILITY IN CONNECTION WITH THE IMPLEMENTATION OF SUCH POLICIES (INCLUDING A CONSENT TO RELEASE OF RELEVANT MEDICAL RECORDS). ANY QUESTIONS I MAY HAVE CONCERNING SUCH POLICIES HAVE BEEN FULLY ANSWERED. IF HIRED, I ALSO AUTHORIZE THE COMPANY TO OBTAIN INFORMATION CONCERNING MY WORKER'S COMPENSATION CLAIMS HISTORY.

IT IS AGREED AND UNDERSTOOD THAT THIS APPLICATION FOR EMPLOYMENT IN NO WAY OBLIGATES THE EMPLOYER TO EMPLOY ME. I ALSO UNDERSTAND THAT MY EMPLOYMENT WITH THE COMPANY IS CONDITIONAL FOR THE FIRST 90 DAYS OF EMPLOYMENT AND THAT DURING THIS PERIOD I MAY BE TERMINATED FOR ANY REASON WHATSOEVER WITH OR WITHOUT CAUSE AND WITHOUT RECOURSE.

BY SUBMITTING AND SIGNING THIS APPLICATION I HEREBY CONSENT TO TRANSPORTATION UNLIMITED INC. SHARING THIS INFORMATION WITH ALL AUTHORIZED COMPANY PERSONNEL AND THEIR REPRESENTATIVES.

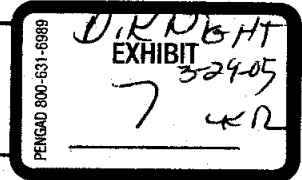
THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. THIS ALSO CERTIFIES THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE.

David H. Knight  
APPLICANT'S SIGNATURE

3-10-00  
DATE

#### AUTHORIZATION FOR RELEASE OF POLICE RECORDS

David H. Knight 11682 Rt 97 lot 9 waterford, PA 16441  
NAME ADDRESS



I HEREBY AUTHORIZE ANY LAW ENFORCEMENT OFFICE OR OFFICER TO SEARCH THEIR RECORDS FOR AN ARREST, CONVICTION, OR INFORMATION THAT THEY MAY HAVE REGARDING ME, AND TO MAKE THIS INFORMATION AVAILABLE TO THE COMPANY OR ITS AUTHORIZED REPRESENTATIVE AS DIRECTED.

David H. Knight  
APPLICANT'S SIGNATURE

3-16-00  
DATE

[Signature]  
WITNESS SIGNATURE

3/10/00  
DATE

#### AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I HEREBY AUTHORIZE ANY HOSPITAL, PHYSICIAN, OR OTHER PROVIDERS OF MEDICAL SERVICES, AND EMPLOYER, INSURANCE COMPANY, OR OTHER PERSON OR ENTITY TO PROVIDE THE COMPANY OR ANY EMPLOYEE BENEFITS SPONSORED BY THE COMPANY ANY AND ALL MEDICAL INFORMATION WHICH THEY MAY HAVE INCLUDING, BUT NOT LIMITED TO, PAST AND PRESENT MEDICAL HISTORY, CLINICAL CHARTS AND DIAGNOSES, CONSULTATIONS, PRESCRIPTIONS, X-RAY REPORTS, BILL AND RECEIPTS, OR RECORDS AND OTHER DATA RELATING TO EXAMINATIONS OR TREATMENT.

I UNDERSTAND THAT ANY EMPLOYEE BENEFITS SPONSORED BY THE COMPANY WILL LIMIT ITS INQUIRY TO SUCH MATTERS AS IT DETERMINES ARE REASONABLY NECESSARY IN ITS DETERMINATION OF MY ELIGIBILITY OR ITS EXAMINATION OF AN ILLNESS OR INJURY. I UNDERSTAND THAT THE COMPANY WILL LIMIT ITS INQUIRY TO THE ABOVE AND/OR SUCH MATTERS AS IT DETERMINES MAY HAVE A BEARING ON MY SAFETY, THE SAFETY OF OTHER EMPLOYEES OR MY ABILITY TO PERFORM MY JOB. I FURTHER UNDERSTAND THAT THE COMPANY AND ANY EMPLOYEE BENEFITS SPONSORED BY THE COMPANY WILL EXERCISE DUE CARE TO RESTRICT ACCESS TO MY MEDICAL INFORMATION AND PRESERVE ITS CONFIDENTIALITY IN ACCORDANCE WITH APPLICABLE LAW.

David H. Knight  
APPLICANT'S SIGNATURE

3-10-00  
DATE

[Signature]  
WITNESS SIGNATURE

3/10/00  
DATE

#### EMPLOYEE INFORMATION AND CONSENT TO RELEASE ALCOHOL & CONTROLLED SUBSTANCES TEST INFORMATION

I DO HEREBY GIVE MY CONSENT TO TRANSPORTATION UNLIMITED INC. TO SEND SAMPLES & SPECIMENS WHICH I VOLUNTARILY SUBMIT TO A QUALIFIED LABORATORY SELECTED BY THE COMPANY FOR ALCOHOL & CONTROLLED SUBSTANCES TESTING. I AUTHORIZE THE DESIGNATED LABORATORY TO RELEASE RESULTS OF MY TESTS TO EMPLOYER OR PROSPECTIVE EMPLOYER AS IDENTIFIED ABOVE. I UNDERSTAND THAT REASONABLE PRECAUTIONS WILL BE OBSERVED IN APPLICABLE FEDERAL LAW. I FURTHER RELEASE MY EMPLOYER OR PROSPECTIVE EMPLOYER AND THE DESIGNATED LABORATORY FROM ANY CLAIMS OR DAMAGES RELATING TO THE RESULTS OF SUCH TESTING AND THE USE OF THE TEST RESULTS, EXCEPT IN CASES OF GROSS NEGLIGENCE OR WILLFUL MISCONDUCT.

David H. Knight  
APPLICANT'S SIGNATURE

3-10-00  
DATE

[Signature]  
WITNESS SIGNATURE

3/10/00  
DATE

Carnegie Testing  
3740 Carnegie Avenue #303  
Cleveland, OH 44115  
2164260365

TO:

Transportation Unlimited  
3740 Carnegie Ave.  
Cleveland, OH 44115

## Medical Review Officer Report

- Confidential -

*This is a notification of a controlled substance test result on:*

Individual Tested: DAVID KNIGHT

Test Type: Pre-Employment

Collection Site:

Laboratory:

MRO:

Drug Panel: SAMHSA

Drug

Immunoassay  
Screening level

GC/MS  
Confirmation Cutoff

ID/SS#: 4199

Specimen ID#: 0295603

Date of Collection: 03/21/2000

Lab Accession #: 00087430

MRO Report Date: 03/23/2000

This controlled substances test was conducted in accordance with 49 CFR Part 40.

The verified result is:

☒ Negative

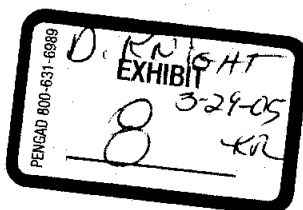
☐ Positive

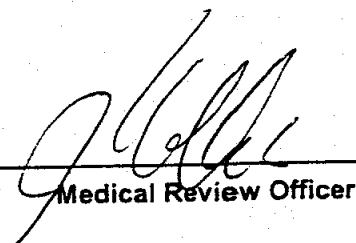
☐ Pending

☐ Canceled

☐ Not Performed

Comments:



  
Medical Review Officer

DOT

Carnegie Clinic  
3740 Carnegie Ave.  
Cleveland, OH 44115  
2164260365



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HEDI is a registered trademark of Computer Associates Private

TO: Greg Meyers  
Transportation Unlimited  
3740 Carnegie Ave.  
Cleveland, OH 44115

## Medical Review Officer Report

- Confidential -

*This is a notification of a controlled substance test result on:*

**Individual Tested:** DAVID KNIGHT

**Test Type:** Random

**Collection Site:**

**Laboratory:** SmithKline/ Quest

**MRO:** Ronald G. Hawes, MD

**Drug Panel:** SAMHSA

Drug

Immunoassay  
Screening level

**ID/SS#:** [REDACTED] 4199

**Specimen ID#:** 0960215

**Date of Collection:** 07/05/2001

**Lab Accession #:** 00087430

**MRO Report Date:** 07/06/2001

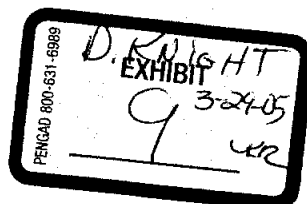
GC/MS  
Confirmation Cutoff

This controlled substances test was conducted in accordance with 49 CFR Part 40.

The verified result is:

- |  |                                       |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> (X) Negative | <input type="checkbox"/> ( ) Positive |
| <input type="checkbox"/> ( ) Pending             |                                       |
| <input type="checkbox"/> ( ) Canceled            |                                       |
| <input type="checkbox"/> ( ) Not Performed       |                                       |

Comments:



*Ronald G. Hawes, M.D.*

Medical Review Officer

2576



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**TO:** Transportation Unlimited  
3740 Carnegie Ave.  
Cleveland, OH 44115

**CONTACT:** Greg Meyers

---

**INDIVIDUAL TESTED:** DAVID KNIGHT, ID# [REDACTED] 4199

**DETAILED TEST INFORMATION:**

**Test Type:** RAN

**Drug Panel:** SHSA

**Collected by:**

**on** 07/05/2001

**Alcohol Concentration Level:** 0.000

2576





Specialists in Driver Leasing

2576

August 23, 2000

David H. Knight  
11682 RT. 97, Lot #9  
Waterford, PA 16441

Dear Mr. Knight:

The investigation of your accident dated August 8, 2000, has been completed and found that the accident was preventable and is charged to you as such.

We would take this moment to remind you that a driver is solely responsible for the safe operation of his equipment at all times, and must be ready to respond correctly in emergency situations, had you done so in this incident you would not have been cited for the following to close.

Sincerely,

*Sam Zarzour / gms*

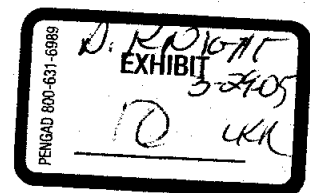
Sam Zarzour  
Safety & Compliance

SZ/gms

encl.

xc: Brian Mullen - GAF

~~File~~



## DISMISSAL AND NOTICE OF RIGHTS

To: David H. Knight 11682 Route 97, Lot 9 Waterford, PA 16441	From: Equal Employment Opportunity Commission Liberty Center, Suite 300 1001 Liberty Avenue Pittsburgh, PA 15222-4187
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☐ On behalf of a person aggrieved whose identity is  
CONFIDENTIAL (29 CFR § 1601.7(a))

Charge No.  
172-A300686

EEOC Representative  
Legal Unit

Telephone No.  
(215) 440-2828

(See the additional information attached to this form.)

## YOUR CHARGE IS DISMISSED FOR THE FOLLOWING REASON:

- ☐ The facts you allege fail to state a claim under any of the statutes enforced by the Commission.
- ☐ Respondent employs less than the required number of employees.
- ☐ Your charge was not timely filed with the Commission, i.e., you waited too long after the date(s) of the discrimination you alleged to file your charge. Because it was filed outside the time limit prescribed by law, the Commission cannot investigate your allegations.
- ☐ You failed to provide requested information, failed or refused to appear or to be available for necessary interviews/conferences, or otherwise refused to cooperate to the extent that the Commission has been unable to resolve your charge. You have had more than 30 days in which to respond to our final written request.
- ☐ The Commission has made reasonable efforts to locate you and has been unable to do so. You have had at least 30 days in which to respond to a notice sent to your last known address.
- ☐ The respondent has made a reasonable settlement offer which affords full relief for the harm you alleged. At least 30 days have expired since you received actual notice of this settlement offer.
- ☐ The Commission issues the following determination: Based upon the Commission's investigation, the Commission is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.
- ☒ Other (briefly state) Respondent is not the proper employer in this given matter.

## -- NOTICE OF SUIT RIGHTS --

- ☒ **Title VII and/or the Americans with Disabilities Act:** This is your NOTICE OF RIGHT TO SUE, which terminates the Commission's processing of your charge. If you want to pursue your charge further, you have the right to sue the respondent(s) named in your charge in U.S. District Court. If you decide to sue, you must sue **WITHIN 90 DAYS** from your receipt of this Notice; otherwise your right to sue is lost.
- ☐ **Age Discrimination in Employment Act:** This is your NOTICE OF DISMISSAL OR TERMINATION, which terminates processing of your charge. If you want to pursue your charge further, you have the right to sue the respondent(s) named in your charge in U.S. District Court. If you decide to sue, you must sue **WITHIN 90 DAYS** from your receipt of this Notice; otherwise, your right to sue is lost.
- ☐ **Equal Pay Act (EPA):** EPA suits must be brought within 2 years (3 years for willful violations) of the alleged EPA underpayment.

I certify that this notice was mailed on the date set out below.

On behalf of the Commission

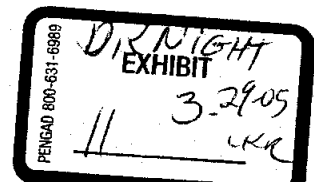
08-29-03  
(Date Mailed)

Eugene V. Nelson, Area Director

Enclosure  
Information Sheet

cc: Respondent(s)  
G.A.F. Corporation

EEOC Form 161 (Test 5/95)



**FILING SUIT UNDER TITLE VII OF THE CIVIL RIGHTS  
ACT OR THE AMERICANS WITH DISABILITIES ACT**

**PRIVATE SUIT RIGHTS:**

This issuance of this Notice of Right to Sue ends EEOC's process with respect to your charge. You may file a lawsuit against the respondent named in your charge within 90 days from the date you receive this Notice. Therefore you should **keep a record of this date**. Once this 90-day period is over, your right to sue is lost. If you intend to consult an attorney, you should do so as soon as possible. Furthermore, in order to avoid any question that you did not act in a timely manner, if you intend to sue on your own behalf, your suit should be filed **well in advance of the expiration of the 90-day period**.

Your lawsuit must be filed in U.S. District Court. Filing this Notice is not sufficient. A court complaint must contain a short statement of the facts of your case which shows that you are entitled to relief. Generally, suits are brought in the state where the alleged unlawful practice occurred, but in some cases can be brought where relevant employment records are kept, where the employment would have been, or where the respondent has its main office.

You may contact EEOC if you have any questions about your rights, including advice on which U.S. District Court can hear your case, or if you need to inspect and copy information contained in the case file. (Additionally, many EEOC offices can provide you with names of private attorneys who have agreed to consider referrals for private litigation.)

**ATTORNEY REPRESENTATION:**

If you cannot afford or have been unable to obtain a lawyer to represent you, the U.S. District Court having jurisdiction in your case may, at its discretion, assist you in obtaining a lawyer. If you plan to ask the U.S. District Court to help you obtain a lawyer, you must make this request of the court in the form and manner it requires. Your request to the U.S. District Court should be made well before the end of the 90-day period mentioned above. A request for representation does not relieve you of the obligation to file a lawsuit within this 90-day period.

**DESTRUCTION OF FILE:**

If you file suit, you or your attorney should forward a copy of your court complaint to the office where you filed your charge within 10 days after you file suit. Your file will be preserved. Generally, EEOC's rules call for your charge file to be destroyed six months from now (one year in the case of charges dismissed for no jurisdiction) unless you have notified us that you have filed suit in U.S. District Court.

**IF YOU FILE SUIT, YOU OR YOUR ATTORNEY SHOULD NOTIFY THIS OFFICE WHEN THE  
LAWSUIT IS RESOLVED.**



**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION**  
**Pittsburgh Area Office**

Liberty Center  
1001 Liberty Avenue, Suite 300  
Pittsburgh, PA 15222-4187  
(412) 644-3444  
TTY (412) 644-2720  
FAX (412) 644-2664

David Knight  
11682 Route 97  
Lot 9  
Waterford, PA 16441

Re: 172-A300686  
Knight v. G.A.F. Corporation

Dear Mr. Knight:

Your charge of employment discrimination referenced above was investigated pursuant to the Commission's policies and procedures in which it was determined that the Respondent is not a covered employer under Title VII of the Civil Rights Act of 1964, as amended (Title VII) as indicated below:

You alleged that the Respondent discriminated against you because of your race/black in that you were subjected to racially derogatory comments by a management employee of G.A.F. and a white employee of G.A.F. and that you were discharged from your position of truck driver on June 29, 2002, in violation of Title VII.

You were advised of the Respondent's defense by a letter from the Equal Employment Opportunity Commission (EEOC) on or about June 2, 2003. Meanwhile, you submitted a rebuttal for the EEOC's review on or about June 10, 2003.

However, after an examination of the information provided by you and the Respondent, as well as the testimony provided by Transportation Unlimited, the EEOC finds that Transportation Unlimited, not the Respondent (G.A.F. Corporation), was your employer.

Therefore, the EEOC has determined that the Respondent is not the proper employer; and as a result, it lacks jurisdiction to investigate this matter further. Accordingly, please find enclosed the Commission's Dismissal and Notice of Rights. If you wish to pursue this matter further, you may file a lawsuit on your own behalf within 90 days of your receipt of the attached notice.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Paul Southworth', is written above the typed name.

Paul Southworth  
Investigator

Enclosure